

KING COUNTY MENTAL HEALTH BOARD

Quality Council

Tuesday, February 28, 2006

3:30 – 5:15 p.m.

Conference Room 6A, Exchange Building
821 Second Avenue, Seattle, WA 98104

Members Attending:

Helen Nilon (chair), Ron Sterling, Steve Collins, Kali Henderson, Eleanor Owen

Staff Present:

Liz Gilbert, Georgia Cortez

I. INTRODUCTIONS

Introductions were made.

II. ANNOUNCEMENTS

New meeting time will be 3-4:30 p.m. in the same location, unless notified otherwise.

III. APPROVAL OF JANUARY MEETING NOTES

A motion was made by Kali and seconded by Ron to approve the January minutes. The minutes were approved, with one minor change: the acronym NAMI initials stand for (National Alliance on Mental Illness)

IV. QUALITY COUNCIL WORK PLAN/FORUM PLANS

Helen will contact the directors of the three National Alliance on Mental Illness affiliates, and invite them to a forum planning meeting that will occur in our regularly scheduled meeting time on April 25, 2006. Kali stated that space is available at Valley Cities for a South King County forum.

V. SUMMARY REPORTS FROM CONTRACT MONITORING

Liz noted that she was unable to prepare a summary report in time for this meeting, but it will be made available to committee members prior to our next meeting. In addition, she will provide copies of the clinical tool upon which the summary report is based, and copies of the final 2006 clinical tool. She reminded members (based on Karen Spoelman's presentation at the January meeting) that various methods are used to determine the sample size for each agency that is evaluated with the clinical tool, and the focus for the clinical review varies. In some instances, there may be follow-up reviews based on findings from a previous year, or there may be system-wide performance concerns that become a focus area for review. The focus area for 2005 was employment, but 2006 will be broad-based review that incorporates all areas of clinical activities. Reviewed items correspond with such requirements as King County Mental Health Plan Policies and Procedures and agency contract requirements. If indicated, agencies

can be required to implement corrective actions that address areas of performance that do not meet standard.

VI. THIRD QUARTER 2005 RSN REPORT CARD: OUTCOMES AND PERFORMANCE MEASURES

The QC discussed the client outcomes and accountability measures currently included in the King County Mental Health Plan Report Card. Several questions were posed about report card measures, which Liz attempted to address:

Q: How are psychiatric symptoms measured (what is the data source)?

A: *It appears that the Problem Severity Scale (PSS) has been used to derive this measure. This scale is no longer used, effective January 1, 2006, because the County is now required to use statewide Access to Care standard to determine eligibility for Medicaid clients. The PSS was formerly used to help establish eligibility for a tier benefit. At this point it is unclear if this outcome will continue to be measured.*

Q: Do the outcome measures pertain to all clients, regardless of which program they are enrolled in?

A: *No. The County does not require agencies to submit extensive data sets about clients served through short-term crisis programs or other short-term programs. Liz was not able at the time of the meeting to describe the clients for whom outcome data is measured, but will follow-up with additional information at the March meeting.*

Q: Does the County track the number of denials to requests for hospital authorizations? Why is this information not included in the report card?

A: *Liz indicated that this information is tracked through contract performance requirements. Denial rates are compared over time, and at the time the Crisis Clinic began providing psychiatric hospital authorizations for Medicaid enrollees, their rate of authorizations and denials was compared to the previous contractor (UBH), and no significant differences were found over time. Liz described hospital appeal processes, and noted that the actual number of appeals is very low. In additions, hospitals and RSNs must follow the guidelines laid out by the state Medical Assistance Administration (MAA) in Numbered Memorandum when admitting and authorizing lengths of stay for Medicaid patients. In response to a request from the committee, Liz will provide a copy of that Memorandum.*

Q: What does the county plan to do about the proportion of clients whose outcomes are evaluated at the “maintenance” or “no change” level and at the “decreased” level. For many outcomes, it appears the majority of clients fall into these categories which is not consistent with recovery goals.

A: *Liz indicated these are issues that will likely be discussed in the Recovery Plan work groups.*

VII. RECOVERY PLAN AND TRANSFORMATION STRUCTURE FROM RECOVERY INITIATIVES COMMITTEE

Helen provided two documents for the Committee to review: “Six Goals to Transform the Infrastructure of Mental Health Service and Delivery” and “Detailed Work Program for Completion of Phase I Implementation of the Recovery Plan for Mental Health Services”. The transformation program is a statewide initiative funded through a SAMSHA grant awarded to the Mental Health Division. The Phase I Plan refers to the King County Recovery Plan that was adapted by the King County Council. Subsequently the Council enacted a budget proviso that includes \$200,000 to assist in with start-up costs. The proviso included a requirement for the RSN to submit a work plan for Phase I.

VIII. TRANSFORMATION GRANT

Steve Collins gave the group “The President’s New Freedom Initiative on Mental Health Town Meeting for Public Input” and a copy of the PowerPoint presentation titled “Implementing Washington’s Mental Health Transformation Plan” for the Committee’s review. Steve is serving on one of the seven transformation committees and will keep the QC informed of progress.

Liz Gilbert informed the group that Employment goals are in this year’s 2006 contracts to providers.

IX. REQUESTS FOR INFORMATION

The QC requested that RSN staff provide the following reports and documents:

1. A report indicating the average caseload size by tier level, broken out by the frequency of services.
2. Copies of the 2005 clinical tool to be accompanied by the summary of clinical findings from the 2005 site visit.
3. A copy of the 2006 clinical site visit tool.
4. A report that indicates the rate of voluntary inpatient admission denials, compared to overall requests.
5. Additional information about the Mental Health Report Card, including: what populations comprise the denominator of the various outcomes (and are they the same across outcomes); how do we measure improvement in psychiatric symptoms; the potential for providing a report with at least five measuring points in order to track trends over a longer time period than the current reports provide.
6. A copy of Memorandum 3 issued by Medical Assistance Administration (MAA) that states criteria for inpatient admissions.

Liz stated it will not be possible to respond to all of these requests as some of them require staff time and adjustments to current work loads. She will do her best to respond to those that are readily available.

Adjourn 5:15 p.m.